



**PATIENT PRESENTING CLINICAL SIGNS**

Fuser VanDamme Very lame RF leg for several weeks. not responsive to NSAIDS, CBD and gabapentin. Resentful of manipulation of RF but non specific. neuro normal. no pain in neck . no fever. no travel history

**SPECIES RADIOGRAPHIC STUDY OF THE RIGHT FRONT LIMB**

Canine Mediolateral view of the right shoulder, mediolateral and craniocaudal views of the right elbow, and dorsopalmar view of both carpi totaling 4 images available for review.

**BREED RADIOGRAPHIC FINDINGS**

Lab The radiographic presentation of the right shoulder is within age related normal limits.

SEX Mild blurring of the cranial contour of the right medial coronoid process is seen with mild subtrochlear notch sclerosis, osteophytes on the proximal aspect of the anconeal process, and cranioproximal aspect of the radius.

MN There appears to be regional soft tissue swelling at the triceps insertion to the olecranon. Mild osseous remodeling and unsharp surface of the olecranon is seen.

AGE There appears to be decubital thickening of the skin in the proximolateral aspect of both elbows.

9 Years A dermal nodular soft tissue opacity is seen proximocaudal of the right olecranon.

**INTERPRETED BY** The muscle volume of the right front limb appears to be reduced; however, this may also be positional.  
Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**RADIOGRAPHIC DIAGNOSIS**

**HOSPITAL NAME**

Boca Park Animal Hospital

- Mild to moderate right elbow osteoarthritis with medial coronoid pathology.
- Insertional tendinopathy of the right triceps.
- Radiographically normal right shoulder.
- Dermal nodule caudoproximal of the right elbow.
- Suspect right front limb muscle atrophy.

**REFERRING VET**

Ensign

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals evidence of medial coronoid pathology with mild to moderate secondary osteoarthritis in the right elbow. It remains questionable though as to whether the relatively modest radiographic changes are responsible for the severe clinical signs as mentioned in the clinical history of the patient. The osseous remodeling of the olecranon appears to be present bilaterally as per the craniocaudal view and is also considered of questionable clinical significance. There is no evidence of aggressive bone lesions and no other structural injury that could explain the severity of the clinical signs satisfyingly.

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In rare cases, medial compartment syndrome as a late consequence of medial coronoid pathology and end stage degenerative joint disease can be associated with such severe clinical signs. However, as mentioned before it remains uncertain as to whether the lameness can really be attributed to the elbow changes and other pathology such as lameness originating from other regions in the right front limb including soft tissue trauma or inflammation as well as neurological



**PATIENT**

disease including cervical and brachial plexus pathologies appear to be potential considerations.

Fuser VanDamme

**SPECIES**

Canine

**BREED**

Lab

**SEX**

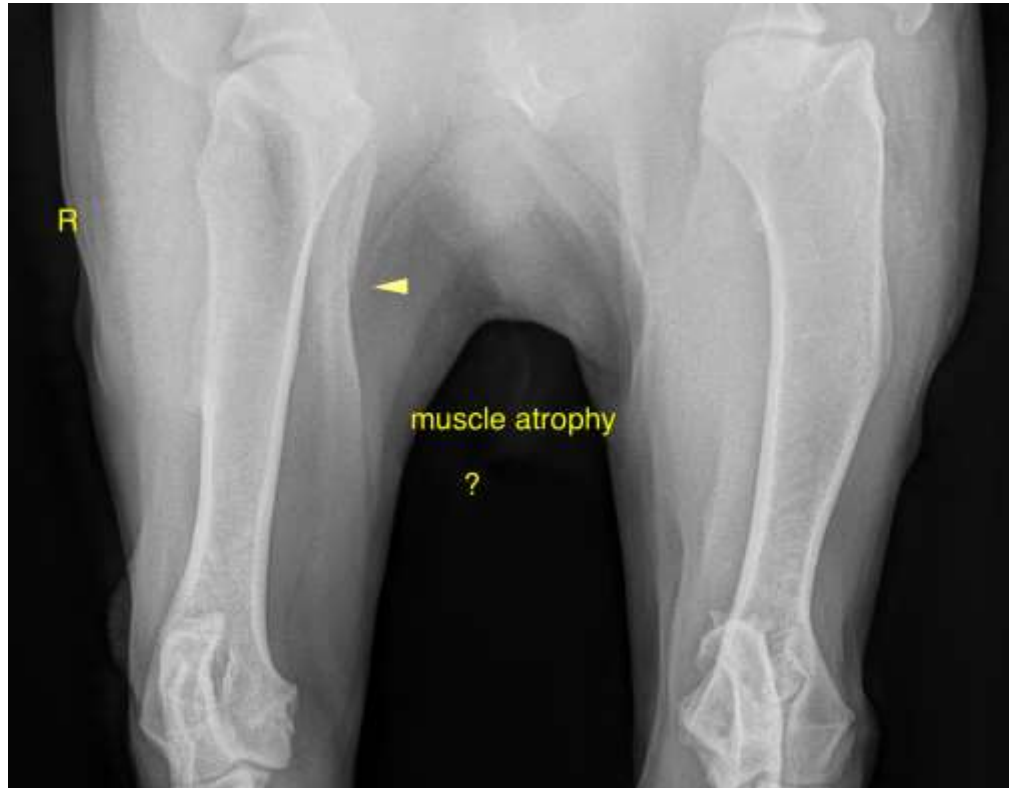
MN

**AGE**

9 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI



**HOSPITAL NAME**

Boca Park Animal  
Hospital

**REFERRING VET**

Ensign

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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